	• '			
J PLACE OF BIRTH		NA STATE BOA		}
ounty of	BUREAU OF V	TTAL STATISTICS	State Index No	
istrict of www.	ORIGINAL CERT	TIFICATE OF BIRTH	Co. Register No	
own of Mann			Local Registrar's No	
ity of	No	S	St;Ward)	
ULL NAME OF CHILD RU	C:-22	wiren Bufe	elt Born YES	
child is not named, make Supple	nental Report on bla	ank obtainable from local reg	gistrar. ( Alive )	
ex of male Triplet or other	and Numbe in orde	er 7   Legiti-		
ame RICHARD Sw	renzo Zulel	Full MOT Maiden Aliel	X. mathews	ノ
esidence mumi a	work	Residence Much	di arxx.	
	last 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Color or Race White	Age at last 2 2 Birthday (Years)	ē
irthplace . nonce	nevico	Birthplace Srice	Chizona	
ccupation miner		Occupation House	servife"	
er of child of this mother. 2 Number of Ct	ildren, of this mother, now living	Were precautions taken agai	inst Ophthalmia heonatorum?	
CERTIFICA	TE OF ATTENDING	G PHYSICIAN OR MIDV	WIFE*	
nereby certify that I attended the	birth of the above chi	ild; and that it occurred on-	Jun / 1918, at /2 PM.	•
*When there is no attending physian or midwife, then the household hould make this return.	/si- )	(Signature) LANS	L W. Loron) ician, midwife, householder.*)	mā
Siven or Christian name added fro	m a	Address	Miason John.	
plemental report19	Filed Ty	15 191 8. Out	in to Track	
993-111-145	L Filed Jub	A True Copy (S)	LOCAL REGISTRAR.  COUNTY REGISTRAR.	